

### PROVIDER CLAIM DISPUTE FORM

Use this form as part of the Sunflower Health Plan Claim Dispute process to dispute the decision made following the reconsideration process. Prior to submitting a Claim Dispute, the provider must first submit a request for reconsideration. Consult your EOP or Provider Manual for more information regarding these requirements.

If the original claim submitted requires corrections, such as a valid procedure code, location code or modifier, please submit the corrected claim following the "Corrected Claim" process in the Provider Manual. Please do not include this form with a corrected claim.

NOTE: The Claim Dispute Form must be submitted within 30 days of the date on the EOP or determination letter resulting from your reconsideration. Sunflower will not review requests outside of this timeline.

All fields in the box immediately below are required information

<b>Provider Name</b>	<b>Provider Tax ID#</b>
<b>Control/Claim Number</b> ( <i>Located EOP Under Patient Name</i> )	<b>Date(s) of Service</b>
<b>Member Name</b>	<b>Member Medicaid ID Number</b>

Reason for Dispute (please check):

- Claim was denied for no authorization, but authorization # \_\_\_\_\_ was obtained
- Claim was denied for no authorization, but no authorization is required for this service.
- Claim was denied for untimely filing in error (proof of timely filing should be attached).
- Claim was paid to wrong provider
- Claim was paid for incorrect amount
- Other (please explain below)

Date of Request: \_\_\_\_\_ Requestor Name: \_\_\_\_\_

Requestor Phone Number: \_\_\_\_\_

ATTACH: A copy of the EOP with the claim to be adjusted clearly circled along with the response to your original request for reconsideration. (This will usually be the EOP received at the conclusion of the reconsideration)

Mail completed form(s) and attachments to:

**Sunflower Health Plan**  
**PO Box 4070**  
**Farmington, MO 63640-3833**

OR

Specialty Partner address listed in your EOP or letter from Reconsideration

Important Notice: Sunflower Health Plan will make reasonable efforts to resolve this request within 30 business days of receipt. That resolution may be:

1. Reprocessing your claim, issuing a notice to you on payment revision and a revised EOP, or
2. A determination that reprocessing is not appropriate and issuing you a letter to that effect.

(This form may be photocopied)